

Provider Support Call 2-23-15

Questions and Answers

February 2015 - Monthly Provider Support Call Summary

Please share with your case managers and administrative staff or other employees.

Each month the WDH-Behavioral Health Division holds a monthly provider support call to let providers know what is going on and give additional clarification on items that have been released. **The next call is Monday, March 30 at 2pm.**

CALL TOPICS & SUMMARY

CPR/1st Aid certifications

- The CPR/First Aid certification must not lapse.
- A “hands on” instruction class is required for CPR and 1st Aid certification.
- Providers should start looking for a nationally recognized course with a “hands on” component at least six months before your CPR/1st Aid certification ends.

HCB Settings Surveys

On January 23, 2015, all providers were sent an email requesting them to complete and submit the HCBS Settings Survey. This Survey is required to determine if the provider’s settings are in compliance with the new CMS rules. Providers must submit this survey by February 28, 2015.

If a provider is only certified to provide one or more of the following services, they do not have to complete the survey: Residential habilitation training, respite, companion services, case management, support broker, skilled nursing, physical therapy, speech therapy, individual habilitation training, homemaker, and child habilitation. In the event that you did not receive the email or had troubles opening the attached survey, please contact Eric Jensen at the Division at eric.jensen@wyo.gov and he will either resend the email or mail you a hard copy of the survey.

Here are some frequently asked questions

- 1) Q: Do I have to take the survey? A: If you provide residential habilitation, day services, supported employment, supported living or special family habilitation homes in a setting you own or operate (this would include your own home), then you do need to complete the survey. Respite Care, Companion Services, or Habilitation Training providers, for example, do not need to complete surveys.
- 2) Q: When is the survey due? A: February 28th, or this Saturday. It is of critical importance that you complete your surveys and send them either to Eric Jensen or the assigned staff member listed at the top of your survey by this date.
- 3) Q: I am certified to provide residential habilitation, but I am not currently providing this service to any participants. Do I need to complete this survey? A: No. You only need to complete surveys for services you are currently providing.
- 4) Q: I can't open the survey / do not have excel / want to send in a hard copy A: This is fine, you can mail surveys to BHD with attention to Eric Jensen. You can also request a hard copy from Eric Jensen.
- 5) Q: I don't think I got a survey / my survey expired A: Send Eric an email as soon as possible and he will send you a survey.
- 6) Q: Can you clarify question number one for me? A: Yes, if a provider provides multiple types of services (professional or waiver) at the physical setting then that provider is likely not in compliance with the new rules. For example, if a participant has a barber come on sight for a haircut, does not go out with the provider to shop for groceries, and receives his therapies (speech, occupational, etc) on site, that is not within the rules. If a participant goes out into the community for medical appointments, errands, but once and awhile has a home visit from a doctor that is in compliance of the CMS rules. A participant should receive most of his services in the community and not at home.
- 7) Q: Do I need to send in physical evidence? Yes, you need to include evidence of the provider response with your survey. Staff will contact you if they feel additional evidence is required.
- 8) Q: How can I send physical evidence? You can email a .zip file to Eric Jensen over secure email, mail evidence directly to BHD with ATTN: Eric Jensen, bring the evidence to your local field office or the main office personally, or email/mail the evidence to the assigned staff member on your survey.
- 9) Q: What types of evidence is the State looking for?

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A: Here are some examples of evidence:

- A Provider manual or guide that explains your community integration or setting decoration policies.
- Specific policies or procedures, for example, rules regarding participant room customization and decoration. If a participant can decorate within the lease agreement, then a copy of a blank lease agreement.
- Internal documents like a code of conduct.
- Pictures of things like rails and ramps that ensure accessibility for the physically disabled (if applicable).
- Any internal provider employment policies, or documented examples of activities that promote employment, or official document that explains how the provider's employment program works (eg: a newsletter sent to guardians talking about the employers you currently have a contract with).
- Any documentation of community integrated activities (eg: a newsletter explaining recent community integration activities to guardians).
- A template of a lease agreement between the provider and participant will suffice for question 24.
- Evidence does not need to, and should not include any form of identifiable information unless absolutely necessary. If you do send evidence that might have PHI, please send it to Eric over secure email. The best policy is to not send information with PHI, and to send everything to the department over secure email.

10) I have additional questions, what do I do? Call Eric at 777-5699 email eric.jensen@wyo.gov.

Plan of Care Modification Signatures

For any modification to the plan of care, the guardian is required to sign a new team verification form that indicates the guardian is in approval of the modification. In addition, any provider which is impacted by the modification shall also sign the form verifying that they are in approval with the modification.

The Division is still finding that case managers are altering previous team signature and verification forms by either altering dates or removing signatures. This practice is highly unethical and was addressed in the recent case manager training. If found, this will result in sanctions against the case manager's certification.

Transition Process for Changing Case Managers

- There is transition process when a change in case manager is needed due to implementation of conflict free case management. Use the checklist on the website under case manager tools (Transition checklist for a case manager change due to implementation of conflict free case management, implementation date of 1-15-14) that needs to be completed for each participant affected.
- There is also a reference flow chart that outlines the steps that need to take place (Transition Process for a case manager change due to implementation of conflict free case management, implementation date of 1-15-14)
- When there is a change in case manager as a result of a case manager resigning, a case manager wants to cut back on their case load or a participant request to change case manager, there is a transition checklist for changing case manager or location, which can be found on the Division website under case manager tools. This checklist outlines the steps that need to take place and must be completed for each participant affected.
- The first step in this process is the Division's Participant Support Specialist is contacted by the participant if they desire to change case manager. Or the PSS is notified that the case manager is resigning or cutting back on their case load and has given 30 day written notice to the participant involved. Then continue to follow the process outlined in the transition checklist.

Case management agency application deadlines

We want to remind case managers that have not yet completed the application to be considered conflict free that if want to keep providing case management, you must apply with the Division by the end of February to ensure you

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complete the provider application process by the end of June. **You** have until June 30, 2015 to resolve all of the conflicts on their case load.

Self-Direction issues: Involuntary Termination of Self-direction

We have identified a number of participants who have been signed up for self-direction but have not been utilizing self-direction services for a number of months, even years. Public Partnerships, LLC (PPL) has about 40 participants on the self-direction wait list who would like to use this option for their service delivery. In July, 2014, PPL notified Participants, who have not been utilizing services for three months or longer that they would be disenrolled. Division staff members will be mailing out letters for involuntary termination of self-direction by the end of February. This will allow for slots to be transferred to those who have been on the PPL wait list who will use this option. Case managers will need to reduce allocated amounts in the PPL web portal. Those dollars may be returned to traditional service delivery through a modification process.

Relative - Parent/Guardian Providers of Personal Care Services

All relative providers must complete a **Relative Disclosure and Safeguards Acknowledgement Form** prior to providing services on the plan of care. The form only needs to be completed once, unless there are changes needed on the form, and must be signed by the designated Division staff member (Dani Sullivan). This includes all relatives providing services through traditional and self-directed options. Parents, stepparents, and guardians who provide personal care services through the waiver, even if self-directing, must be a certified provider and an LLC or hired by an agency prior to providing paid services.

Background check process

Provider staff may provide unsupervised services to **adults (waiver participants 18 and older)** following a successful DFS Central Registry Screening as previously allowed under the Medicaid Rules, Chapter 45, Section 25(i). Provider staff serving **children (waiver participants 17 and younger)** must complete both the DFS Central Registry Screening and criminal background checks before providing services.

This clarification allows employees serving adults to receive prompt preliminary results from DFS, and begin providing services as they await the full background screening results from the Wyoming Division of Criminal Investigations (DCI). Please be aware that the Central Registry Check from DFS is not a complete criminal history background check, but rather a check on whether an employee has been substantiated for abuse or neglect by DFS. New employees may begin providing unsupervised services once the DFS Central Registry form comes back showing that the individual is not "listed on the DFS Abuse/Neglect Central Registry."

All providers will continue to either submit the fingerprint cards to Juanita Gordon at the Wyoming Life Resource Center or to their assigned Provider Support Specialist for the full background check processing, through DCI, as defined in the Wyoming Medicaid Rules, Chapter 45, Section 25.

Providers must also continue to check their employees against the U.S. Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals and Entities. 42 U.S.C. § 1320a-7. This is a requirement of federal law, and is not affected by this bulletin.

For providers that deliver any **services to minors (ages 17 and younger)**, they must ensure the full process is being followed by submitting both the fingerprints and the SS-26 form to Juanita Gordon at the Wyoming Life Resource Center. New employees serving minors shall not begin work with participants until the formal background screening has been completed by DCI and the new employee has passed the screening. This process may include changes to provider policies, scheduling procedures, and personnel file maintenance. The Division has the discretion to revoke a provider's certification if they do not adhere to the formal process.

Child DD waiver transitions

The Behavioral Health Division is reminding all providers that the Child DD waiver is ending as of June 30, 2015. All Child DD waiver participants must have a new plan of care started in EMWS AS SOON AS POSSIBLE but no later than April 1, 2015 in order for all of the approval processes to be completed prior to June 30, 2015. Your participant may need to renew their financial eligibility with the Medicaid Long Term Care Unit prior to starting

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the new waiver if it has been more than a year since the last renewal. This is an annual requirement. For case managers who remember the struggles with Adult DD participants that were caught in the bottleneck of transitioning last August and September, the late transfers do not allow for enough time for all of the steps in EMWS to be completed in a timely manner.

Therefore, to avoid a second bottleneck and participants possibly going without services, we are asking that all case managers start the **transfer process on their Child DD waiver participants AS SOON AS POSSIBLE but no later than March 1, 2015**. If the transfer process has not been started by that date, Division Staff will begin the transfer process for any outstanding cases.

IBA letters

The Individual Budget Amounts (IBA) for the Child DD participants transitioning to the new waivers were mailed to participants and legally authorized representatives on June 2, 2014. A copy of the letter has been uploaded to each individual record in the EMWS Document Library for your review. If a participant did not receive a letter, please contact Tammy.arnold1@wyo.gov to request a letter to be sent.

Note: The waiver redesign “grandfathered” in Child DD and Adult DD participants who were active on the waivers prior to April 1, 2014 (the date the new waivers started). So those participants may choose either the Comprehensive or Supports Waiver to transition.

New participants who were funded to the Child DD Waiver after April 1, 2014 will transition to the Supports Waiver.

Notice a possible IBA error or concern?

We anticipate that some letters may have an error in the demographics, living situation, or budget amount. The EMWS relied on the information entered in it by case managers and Division staff, and some living situations may be incorrect or have recently changed but were not updated.

As you review the letter with the participant and team, if you think a mistake was made on either the age or living situation, or you believe the IBA has been reduced or increased by more than 7%, please contact your plan review Participant Support Specialist (PSS) to ask about the concern and see how it can be corrected. Many corrections can be easily made, and a new IBA letter will be generated correcting the misinformation and adjusting the IBA accordingly. However, for adjustments to the Level of Service Need score, contact your PSS for assistance with submitting a Clinical Review Team request for case review.

If no plan is submitted by May 31, 2015, your participant will lose their funding opportunity and their case will be closed on June 30, 2015. If continued services are desired at that point, the participant will have to re-apply for waiver services.

ABI transitions- No ABI participants are transitioning to the Comprehensive waiver until further notice. Conflict free case management must be addressed for ABI participants as well, though. *(by June 30).

Rate Rebasing- Provider cost Survey coming soon

Every 2 - 4 years, we are required by Wyoming Statute to undergo a cost study in order to rebase rates. This spring, the contractor will be conducting a provider cost study and a case manager cost study and we need participation from as many providers as possible. We need all providers (large and small) to participate in the cost study if possible. We are also doing a separate cost study for case management so we will need as many case managers to participate. The study will help determine a few different options for rates. Please look for additional information on this project in the coming month so you can make time to participate in the study and give us information to develop the next set of rates and services for the waivers.

Next call is in January on March 30 at 2 pm.

Monthly Support call notes are posted to our website:

<http://health.wyo.gov/ddd/ComprehensiveandSupportsWaiver.html>

Thank you for reading and for making time to call in each month!